PLACE OF SIRTH	ARIZONA STATE BO	ARD OF HEALTH
District of	BUREAU OF VITAL STATISTICS	State Index No.
Town of Meanic	ORIGINAL CERTIFICATE OF BIRTH	7-7
or		Local Registrar No
City of		
	if birth occurred in a hospital or institution, give it	St. Ward) s NAME instead of street and number)  If child is not yet named, make supplemental report, as directed
ONLY in event of	Twin, triplet or other	late C. V. a. (C.)
8. FATHER Full name Hedined Vil	la rienera   14. Full maiden name Xorela	MOTHER Larandera
9. Residence 1-(Usual place of abode) 1f nonresident, give place and State	Mrania 15. Residence (Usual place of about 15 from resident, give	ode) place and State
10. Color or race Wux, 11. Age at last	birthday (Years) 16. Color & Yux	17. Age at last birthday
12. Birthplace (city or place)(State or country)	18. Birthplace (city or p (State or country)	lace) Marie 3
13. Occupation Nature of Industry	19. Occupation Nature of Industry	K
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.)	(a) Born alive and now living (b) Born alive	but now dead (c) Stillborn O
CERTIFICAT I hereby certify that I attended the b	E OF ATTENDING PHYSICIAN OR	MIDWIFE.
*When there was no attending physicial or midwife, then the father, householde etc., should make this return. A stillbot child is one that neither breathes no shows other evidence of life after birt	Signature Chesic Control (Physician or )	or midwite)
Given name added from	Filed All 120 1922	Arr. Haids
a supplemental report.  (Month, day,	year) Filed ( 10 , 1922	stocal Registrar.